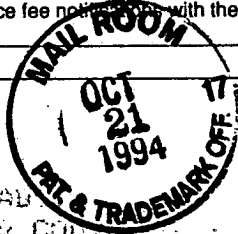


PART B—ISSUE FEE TRANSMITTAL

605.-249
60.-561

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. Correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate ADDRESS for maintenance fee notices with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.



RESPONDENCE ADDRESS

PATREA L. PAD
KILPATRICK & CODY
1100 PEACHTREE STREET, STE. 2800
ATLANTA, GA 30309-4530

18N2/0726

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/983,367	11/30/92	009	MARE, D	1803 07/26/94

First Named Applicant: SASIGEKHARAN, RAMNATH

TITLE OF INVENTION: PURIFICATION OF HEPARINASE I, II, AND III FROM FLAVOBACTERIUM HEPARINU
II (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
MIT5981/6124	435-220.000	C94	UTILITY	YES	\$585.00	10/26/94

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Kilpatrick & Cody

2

3

DO NOT USE THIS SPACE

040 AH 10/31/94 07983367

1 242 605.00 CK

040 AH 10/31/94 07983367

1 561 60.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: Massachusetts Institute of Technology and University of Iowa Research Foundation

(2) ADDRESS: (CITY & STATE OR COUNTY)

Cambridge, MA and Iowa City, IA, respectively

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Massachusetts and Iowa, respectively

A. ☐ This application is NOT assigned.

☒ Assignment is being previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☒ Issue Fee, ☒ Advanced Order - # of Copies 20 (Minimum of 10)

6b. The following fees should be changed to:

DEPOSIT ACCOUNT NUMBER 11-0855

(ENCLOSED PART C)

☐ Issue Fee ☐ Advanced Order - # of Copies

☒ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE



PART C—CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

PATREA L. PABST
MILPATRICK & CODY
1100 PEACHTREE STREET, STE. 2000
ATLANTA, GA 30309-4500

IBN2/0726

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/983,367	11/30/92	008	WARE, D	1808 07/26/94
First Named Applicant: SASISEKHARAN, RAMNATH				

TITLE OF INVENTION: PURIFICATION OF HEPARINASE I, II, AND III FROM ELAVOBACTERIUM HEPARINU
I (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
11-598146124	435-220.000	C94	UTILITY	YES	\$585.00	10/26/94

DO NOT USE THIS SPACE

2a. The following fees are enclosed:
☒ Issue Fee ☒ Advanced Order - # of Copies 20 (Minimum of 10)
2b. The following fees should be changed to:
DEPOSIT ACCOUNT NUMBER 11-0855
☐ Issue Fee ☐ Advanced Order - # of Copies (Minimum of 10)
☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest or record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT